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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD A01280US OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA RATE FEE NUMBER FILED RATE **FEE** FOR <u>37</u>0 **BASIC FEE** 740 TOTAL CLAIMS 10 minus 20 = OR **\$9** x \$ 18 =INDEPENDENT CLAIMS x84 =42= minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 140 280= 370 OR **TOTAL TOTAL** If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) (Column 1) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL **RATE TIONAL** RATE **AMENDMENT PREVIOUSLY EXTRA AFTER** FEE **FEE** PAID FOR AMENDMENT OR Total Minus (37 CFR 1.16(c)) OR Independent *** Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL. OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDI-**CLAIMS** HIGHEST ADDI-TIONAL REMAINING **PRESENT** NUMBER RATE RATE TIONAL **AMENDMENT EXTRA AFTER** PREVIOUSLY **FEE** FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR ADDIT. FEE TOTAL TOTAL ADDIT. FEE (Column 2) (Column 3) (Column 1) **CLAIMS** ADDI-HIGHEST ADDI-**PRESENT** REMAINING NUMBER **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) k \$_ Minus OR Independent = Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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TOTAL

ADDIT. FEE

OR

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application	or	Docket	Number

10071786

CLAIMS AS FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN				
то	TAL CLAIMS		10					RATE	FEE		RATE	FEE
FOR NUM		NUMBER I	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		// minus 20=		* Q			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				/ minus 3 = * /			,	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT						+140=		OR	+280=			
* If the difference in column 1 is less than zero, ente			r "0" in c	olumn 2	ļ	TOTAL	370	OR	TOTAL			
CLAIMS AS AMENDED - PART II									THAN			
		(Column 1)	·	(Colur		(Column 3)	1 -	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	* (3	Minus	** 2	ပ	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 6	Minus	***	<u>}</u>	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN'	TCLAIM		J	+140=		OR	+280=	
							1	TOTAL		OR	TOTAL ADDIT. FEE	
	.• .•	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	T CL AIRA	=	4	X42=		OR	X84=	
	FINOI PRESE	INTATION OF MU	JEI IFLE DEN	- ENDEN	CLAIN	<u> </u>	L	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	<u></u>	(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	*	Minus	**		=	╽	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			X84=	
 	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM]	772-		OR	7.57-	
. د	e at-				- 40" *	luman O		+140=		OR	-+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												